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SERIAL NUMBER 10/068,049	FILING OR 371(c) DATE 01/04/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 1052.1301
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/933,030 08/20/2001 PAT 6,678,557

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 03/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials				

ADDRESS

22775

TITLE

Appetite suppression device

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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